PAYMENT REQUESTED FOR: _____ $100 Death Scene Investigation (done 24 hrs.)
_____ $ 500 Autopsy (external, internal, microscopic, toxicology & summary report)

Coroner’s Office:_________________________ Phone:_________________________

Child’s Case No:_________________________ Date of Death____________________

Certified Investigator:_________________________

Autopsy Conducted By:_________________________

Forensic Pathologist: [ ] Calcasieu [ ] Forensic Pathology, Inc. [ ] LA Forensic Center
[ ] Jefferson [ ] Orleans [ ] St. Tammany [ ] LSUHSC

Make check payable to: __________________________ Vendor’s Name
________________________ Vendor’s Fed Tax ID#. Date mailed: ________________

Note: A W-9 form must be completed for the Vendor in order for payment to be made. Please return it with your invoice; unless you have previously submitted the W-9.

Mail/Fax invoice, autopsy, and/or investigation report, and W-9, if necessary, to:

Amy Zapata, MPH
Louisiana Child Death Review
Office of Public Health
1450 Poydras Street, Ste. 20325
New Orleans, LA 70112

Telephone: 504-568-3504
Fax: 504-568-3503

Approved for Payment by: ___________________________ _______________________

Amy Zapata, MPH – Director Bureau of Family Health Date
Louisiana Child Death Review Medical Director

ORGANIZATION CODE 7620 REPORTING CATEGORY 0010

OBJECT 3440 [ ]

OBJECT 3460 [ ]

revised 01/21/2016